



**Maricopa County**  
*Animal Care and Control*



## Adoption Questionnaire

**In order to help find the perfect animal please take the time to fill out this questionnaire:**

Name \_\_\_\_\_

Home phone \_\_\_\_\_ Work phone \_\_\_\_\_ Email \_\_\_\_\_

Home address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

What kind of pet are you looking for? ☐ Dog ☐ Cat ☐ Dog and Cat

Why do you want a pet?

☐ Family Companion ☐ Mouser ☐ Gift ☐ My children want one  
☐ Companion for other pet ☐ Guard dog ☐ For my business  
☐ Other \_\_\_\_\_

I am looking for the following things in a pet. Check all that apply:

**Size** ☐ under 10 pounds ☐ 10-20 pounds ☐ 20-40 pounds ☐ 40-70 pounds ☐ 70-100 pounds ☐ Over 100 pounds ☐ Any size is OK

**Breed** ☐ I am looking for the following breed \_\_\_\_\_

**Activity Level** ☐ Low ☐ Medium ☐ High

**Age** ☐ 8wks-3mos ☐ 3mos-6mos ☐ 6mos-18mos ☐ 18mos-36mos ☐ 36mos and older ☐ Any age is OK

### Medical Conditions

I don't want an animal with any needed medical needs

I am willing to provide minor, short term treatment

I am willing to provide long term treatment.

I am willing to spend up to the following amount for treatment of an animal \$50 \$100 \$250  
\$500 Whatever the animal needs.

I believe animals need to be vaccinated ☒ Yearly ☒ Every few years ☒ Never

**Behavior needs.** I will not be able to deal with

☐ Housebreaking ☐ Destructive chewing ☐ Animals that do not like other animals  
☐ Animals that do not like children ☐ Other, please list \_\_\_\_\_

Where will you keep your animal during the day?

☐ Inside ☐ Outside ☐ Inside/outside At night? ☐ Inside ☐ Outside ☐ Inside/outside

How many hours a day will your animal be home alone? ☐ 1-4 hours ☐ 4-8 hours ☐ 8-12 hours

☐ I come home during lunch ☐ We have split shifts so there is someone home all day

☐ I plan on bringing my pet with me to work ☐ I plan on using doggie day care ☐ I have a doggie door

Who will be your new pet's primary caretaker? \_\_\_\_\_

### Tell us about your household

🐾 How many people live in your home?

Adults \_\_\_\_\_ List Names \_\_\_\_\_

Children \_\_\_\_\_ List Ages \_\_\_\_\_

I have children or grandchildren visit on occasions ☐ Yes ☐ No Ages \_\_\_\_\_

🐾 Is your household Quiet Active Very Active

🐾 Do you rent own a home live in a dorm live with parents live with roommates

🐾 Does your landlord allow pets? Yes No Own

Please list your landlords name and phone # \_\_\_\_\_

🐾 Is anyone in your home allergic to any pets? No Yes Types \_\_\_\_\_ ☐ Don't know

🐾 Does your home have a yard? It's fenced It's not fenced No yard

### Tell us about your past and current pets.

List the pets you currently have in your home: # of dogs \_\_\_\_\_ # of cats \_\_\_\_\_

• Species and Breed \_\_\_\_\_ Age \_\_\_\_\_ Spayed/Neutered Yes No

Last Vaccination Date \_\_\_\_\_ Licensed Yes No

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Last Vaccination Date \_\_\_\_\_ Licensed Yes No

🐾 List the name of your veterinarian \_\_\_\_\_. I see my veterinarian

☒ Yearly ☒ Only when there is an emergency ☒ Never

🐾 What is your past experience with pets? ☐ This is my first pet

☐ I have had pets growing up but none on my own ☐ I have had one pet before

☐ I have had lots of pets before. List species and how many \_\_\_\_\_

🐾 If you had pets before where are they now?

☐ Died of old age ☐ Died of illness. List type of illness and date of death \_\_\_\_\_.

☐ Gave away. List reason for giving away and to who you gave the pet

to \_\_\_\_\_

☐ I turned him into the animal shelter. List date and shelter name \_\_\_\_\_

I turned my pet into the shelter for the following reason:

☐ Moving ☐ Allergies ☐ Financial reason ☐ Behavior problem. Please list type: \_\_\_\_\_

☐ Animal was aggressive ☐ Animal did not get along with other pet ☐ I had a new baby